

State of Hawaii  
Department of Health  
Family Health Services Division  
Maternal & Child Health Branch  
Women's Health Section – Family Planning Program

**Request for Proposals**

**HTH 550-5**  
**Title X Family Planning Services**

Issued: October 2004

Date Due: January 14, 2005

Note: If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must provide contact information to the RFP contact person (of this RFP) to be notified of any RFP changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

October 12, 2004

## **REQUEST FOR PROPOSALS**

### **TITLE X FAMILY PLANNING SERVICES RFP No. HTH 550-5**

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, Women's Health Section, Family Planning Program, is requesting proposals from qualified applicants to provide subsidized family planning services for uninsured women and men (statewide) whose incomes fall within 250 percent of the Federal poverty level. The contract term will be from July 1, 2005 through June 30, 2007. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United State Postal Service on or before January 14, 2005, or hand delivered no later than 4:30 p.m., Hawaii Standard Time (HST), on January 14, 2005, to the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Family Planning Program will conduct an orientation on October 20, 2004 from 9:00 a.m. to 12:00 noon HST, at the Best Western Plaza Hotel (near the Honolulu International Airport) 3253 N. Nimitz Highway, Honolulu, Hawaii. Free shuttle service from baggage claim. Use courtesy phone to call hotel for shuttle service. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. HST on November 30, 2004. All written questions will receive a written response from the State on or about December 15, 2004 and will be posted on the website <http://www.hawaii.gov/rfps103f/>.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Karen Mak at 741-A Sunset Avenue, Room 100, Honolulu, Hawaii 96816, telephone: (808) 733-9030, fax: (808) 733-8355, e-mail: [karen.mak@fhsd.health.state.hi.us](mailto:karen.mak@fhsd.health.state.hi.us).

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**ONE ORIGINAL AND ONE COPY OF THE PROPOSAL ARE REQUIRED. ADDITIONAL  
COPIES MAY BE SPECIFIED BY INDIVIDUAL DOH PROGRAMS.**

**ALL MAIL-INS MUST BE POSTMARKED BY THE USPS BEFORE 12:00 MIDNIGHT,  
January 14, 2005**

### All Mail-ins

Department of Health  
Administrative Services Office  
P.O. Box 3378  
Honolulu, HI 96801-3378

### DOH RFP Coordinator

Valerie K. Ako  
For further info or inquiries  
Phone: (808) 586-4556  
Fax: (808) 586-4649

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITES UNTIL  
4:30 P.M., January 14, 2005**

### Drop-off Sites

For applicants located on **Oahu**:

Department of Health  
Administrative Services Office  
Room 310, Kinau Hale  
1250 Punchbowl Street  
Honolulu, HI 96313

For applicants located in **East Hawaii**:

Department of Health  
Hawaii District Health Office  
State Office Building, Room 105  
75 Aupuni Street  
Hilo, Hawaii  
Attn: DOH Administrative Services Office

For applicants located in **West Hawaii**:

Department of Health  
Hawaii District Health Office at Kona  
Kealahou Business Plaza, Room 103  
81-980 Halekii Street  
Kealahou, Hawaii  
Attn: DOH Admin. Services Office

For applicants located on **Kauai**:

Department of Health  
Kauai District Health Office  
Lihue Health Center  
3040 Umi Street  
Lihue, Kauai  
Attn: DOH Administrative Services Office

For applicants located on **Maui**:

Department of Health  
Maui District Health Office  
State Office Building, 3<sup>rd</sup> Floor  
54 High Street  
Wailuku, Maui  
Attn: DOH Admin. Services Office

**BE ADVISED:** All mail-ins postmarked USPS after 12:00 midnight, January 14, 2005, will not be accepted for review and will be returned.

**Hand deliveries will not be accepted after 4:30 p.m., January 14, 2005.**

**Deliveries by private mail services, such as FedEx or UPS, shall be considered hand deliveries, and will not be accepted if received after 4:30 p.m., January 14, 2005.**

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# **Section 1**

## **Administrative Overview**

# Section 1

## Administrative Overview

**Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.**

### I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

### II. RFP Organization

This RFP is organized into five sections:

*Section 1, Administrative Overview*--Provides applicants with an overview of the procurement process.

*Section 2, Service Specifications*--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

*Section 3, Proposal Application Instructions*--Describes the required format and content for the proposal application.

*Section 4, Proposal Evaluation*--Describes how proposals will be evaluated by the state purchasing agency.

*Section 5, Attachments* --Provides applicants with information and forms necessary to complete the application.

### III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

**Maternal and Child Health Branch  
 Women's Health Section  
 Family Planning Program  
 Department of Health, State of Hawaii  
 741-A Sunset Avenue, Room 100  
 Honolulu, Hawaii 96816**

**Phone: (808) 733-9030**

**Fax: (808) 733-8355**

#### **IV. Procurement Timetable**

**Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.**

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing RFP	Oct. 12, 2004
Distribution of RFP	Oct. 12 to Jan. 13, 2005
RFP orientation session	Oct. 20, 2004
Closing date for submission of written questions for written responses	Nov. 30, 2004
State purchasing agency's response to applicants' written questions	Dec. 15, 2004
Discussions with applicant prior to proposal submittal deadline (optional)	Oct. 12, 2004 to Jan 13, 2005
Proposal submittal deadline	Jan. 14, 2005
Discussions with applicant after proposal submittal deadline (optional)	Late Jan. to March 2005
Final revised proposals (optional)	Late Jan to Feb. 25, 2005
Proposal evaluation period	Mid Jan. to March 2005
Provider selection	March to April 2005
Notice of statement of findings and decision	March to April 2005
Contract start date	July 1, 2005

#### **V. Orientation**

An orientation for applicants in reference to the request for proposals will be held:  
**(Bring copies of RFPs to meeting.)**

<b>Date:</b>	<b>October 20, 2004</b>	<b>Time:</b>	<b>9:00 a.m. to 12:00 noon HST</b>
<b>Location:</b>	<b>Best Western Plaza Hotel (near Honolulu International Airport)          3253 N. Nimitz Highway, Honolulu, Hawaii PH: 836-3636</b>		

Call hotel at 836-3636 for free hotel shuttle service or use courtesy phone at airport baggage claim to call hotel for shuttle.



Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions).

## **VI. Submission of Questions**

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

**Date:** **November 30, 2004**      **Time:** **4:30 p.m HST**

State agency responses to applicant written questions will be provided by:

**Date:** **December 15, 2004**

## **VII. Submission of Proposals**

**A. Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: [www.spo.hawaii.gov](http://www.spo.hawaii.gov), click *Procurement of Health and Human Services* and *For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.

- 1. Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
- 2. Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
- 3. Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
- 4. Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues

contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)

5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: <http://www.spo.hawaii.gov>, click *Procurement of Health and Human Services*, and *For Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement* or call the State Procurement Office at (808) 587-4706.
  6. **Tax Clearance** – The tax clearance is not required at the time of proposal submittal. However, it is required upon notice of award. At that time, a certified copy of a current valid tax clearance certificate issued by the Internal Revenue Service (IRS) will be submitted to the RFP contracting office (Section 1). The tax clearance application may be obtained from the Department of Taxation website at [www.hawaii.gov/tax/tax.html](http://www.hawaii.gov/tax/tax.html).
- B. **Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and 3, (Service Specifications and the Proposal Application Instructions). Federal certifications are required, and they are listed on the Proposal Application Checklist.
  - C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
  - D. **Proposal Submittal** - Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.

Submission of proposals by applicants through telefacsimile, electronic mail, and/or computer diskette is not permitted by the state purchasing agency.

- E. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to: [http://www.capitol.hawaii.gov/hrscurrent/Vol02\\_Ch0046-0115/HRS0103/HRS\\_0103-0055.htm](http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm)
- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

**Note that price is not considered confidential and will not be withheld.**

## **VIII. Discussions with Applicants**

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

## **IX. Opening of Proposals**

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

## **X. Additional Materials and Documentation**

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

## **XI. RFP Amendments**

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

## **XII. Final Revised Proposals**

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

## **XIII. Cancellation of Request for Proposal**

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

## **XIV. Costs for Proposal Preparation**

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

## **XV. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

## **XVI. Rejection of Proposals**

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized.)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

## **XVII. Notice of Award**

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

## **XVIII. Protests**

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;

- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Chiyome Leinaala Fukino, M.D.	Name: Ann H. Kinningham
Title: Director of Health	Title: DOH Procurement Officer
Mailing Address: P. O. Box 3378, Honolulu, HI 96801	Mailing Address: P. O. Box 3378, Honolulu, HI 96801
Business Address: 1250 Punchbowl Street, Honolulu, HI 96813	Business Address: 1250 Punchbowl Street, Honolulu, HI 96813

## **XIX. Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of Federal and/or State funds.

## **XX. Monitoring and Evaluation**

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Adherence to Title X's federal Program Guidelines for Project Grants for Family Planning Services, January 2001.
- (2) Quality of Care/Quality of Services
- (3) Output Measures
- (4) Performance/Outcome Measures
- (5) Financial Management
- (6) Administrative Requirements

## **XXI. General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

The Department of Health may also be required to make modifications to individual contracts that it is unable to anticipate now. Reasons for such modifications may include, but not be limited to, Federal Health Insurance Portability and Accountability Act (HIPAA) regulations.

Applications are required to address requirements in the Federal Title X Program Guidelines for Family Planning Services and describe plans to meet HIPAA standards in their proposal application.

## **XXII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

# **Section 2**

## **Service Specifications**



## Section 2

### Service Specifications

#### I. Introduction

##### A. Overview, purpose or need

Since the early 1970's, the Hawaii State Department of Health (DOH) has been the Grantee for the federally funded Title X Family Planning Program for the State of Hawaii.

The award is made by the U.S. Department of Health and Human Services (DHHS), Office of Population Affairs, Office of Family Planning. The Hawaii DOH Family Planning Program (FPP) of the Maternal and Child Health Branch and Family Health Services Division is responsible to administer the program and funds enabling the provision of Title X subsidized FP services in Hawaii.

In this role as the Grantee, the functions and responsibilities of FPP include:

- Assess community needs in the area of family planning for individuals with low incomes and for those at risk for unintended pregnancy.
- Identify, fund, and contract with service providers.
- Assure access to subsidized FP services.
- Monitor and evaluate the performance of contractor provider agencies.
- Collect, analyze, and disseminate data.
- Provide FP training and technical assistance to FP providers.
- Provide community education and outreach services.
- Advocate for clients.
- Be the liaison between the state, federal, and community FP providers.

Proposals are requested from qualified applicants to become a designated Title X Delegate Clinic and provide FP services and FP health education to medically uninsured and under-insured individuals in the State of Hawaii for fiscal years 2006 and 2007 (July 1, 2005 to June 30, 2007). Proposals that are accepted will be funded by federal Title X FP funds awarded to the DOH. State funds will be awarded if available.

The purpose of the proposed services is to assist women and men throughout Hawaii to plan if and when pregnancy shall occur and to prevent unintended and/or unwanted pregnancies. This is accomplished through the provision of high quality clinical family planning and related preventive services for those who are medically uninsured or under-insured and whose incomes are within the federal poverty guidelines.

Clinical family planning services should be community based, culturally appropriate, comprehensive, and include the provision of a broad range of highly effective contraceptive methods, health education, and counseling at the time of the clinic visit.

The U.S. Census Bureau's Current Population Survey (CPS) Annual Social and Economic Supplement, March 2003, indicates approximately 123,000 persons had no health insurance for all of 2002. This represents approximately 10% of Hawaii's resident population.

Over half of the pregnancies in Hawaii, 53%, were unintended in the year 2002. This represents 11,755 of 22,179 pregnancies. Access to clinical family planning services reduces unintended pregnancy and its resultant problems.

## **B. Description of the goals of the service**

The goals of this program are to:

1. Assure access to high quality clinical family planning and reproductive health services including the provision of highly effective contraceptive methods; provide cancer and sexually transmitted disease screening and prevention education, including HIV prevention education, counseling, and testing; to hard-to-reach individuals.
2. Improve the health status of populations in areas of the State designated as in need of services as identified in the 2003 Primary Care Needs Assessment Data Book published by the Family Health Services Division, DOH.

## **C. Description of the target population to be served**

The target population is hard-to-reach individuals that are the most under-served and the least likely to access family planning services in a traditional setting. These individuals include, but are not limited to: uninsured or under-insured women, males in need of clinical services, adolescents, substance abusers, homeless, and the disabled.

For purposes of this RFP, the term "medically uninsured" shall be defined as individuals who are not covered by medical insurance and whose individual or family income falls within two hundred fifty percent (250%) of the federal poverty guidelines.

## **D. Geographic coverage of service**

The services shall be statewide, in areas of high population density such as Honolulu, and in locations that have been federally designated as medically

underserved areas (MUAs) and medically underserved populations (MUPs) as indicated in the State of Hawaii Primary Care Needs Assessment Databook 2003.

**E. Probable funding amounts, source, and period of availability**

The estimated amount of federal funds available per fiscal year is \$800,000 for a period of two years (July 1, 2005 - June 30, 2007.) An additional \$500,000 annually, of Title X funds, may become available. Funds are subject to budget additions and restrictions. This RFP has been developed in such a manner as to satisfy the procurement requirements for additional Title X grant funds.

## **II. General Requirements**

**A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

The applicant shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO website (See Section 5, POS Proposal Checklist, for the website address).

Advanced practice nurses (nurse practitioners, certified nurse midwives, clinical nurse specialists), registered nurses, physician assistants, medical assistants and physicians providing FP services must have unencumbered licenses to practice in the State of Hawaii.

Delegation of special tasks of nursing care to unlicensed assistive personnel is allowed if criteria for delegation are met under state law (Chapter 116-89, Hawaii Administrative Rules.)

Compliance with OSHA Blood Borne Pathogens, CLIA Requirements, and HIPAA must be met.

**B. Secondary purchaser participation**

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases – None at this time.

**C. Multiple or alternate proposals**

(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

**D. Single or multiple contracts to be awarded**

(Refer to §3-143-206, HAR)

☐ Single
                    
 ☒ Multiple
                    
 ☐ Single & Multiple

Criteria for multiple awards:

Except for Oahu, would prefer at least one provider per island.

**E. Single or multi-term contracts to be awarded**

(Refer to §3-149-302, HAR)

☐ Single term ( $\leq$  2 yrs)
                    
 ☒ Multi-term ( $>$  2 yrs.)

Contract terms:

The anticipated term of the contract is July 1, 2005 to June 30, 2007 with the option to extend an additional two years (from July 1, 2007 to June 30, 2009). Extensions must be in writing and must be executed prior to expiration date of June 30, 2007.

**F. RFP contact person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Karen Mak, M.P.H., Program Manager  
 Family Planning Program  
 Women's Health Section  
 Maternal and Child Health Branch  
 Department of Health  
 741-A Sunset Avenue, Room 100  
 Honolulu, Hawaii 96816

(808) 733-9030

**III. Scope of Work**

The scope of work encompasses the following tasks and responsibilities:

**A. Service Activities**

(Minimum and/or mandatory tasks and responsibilities)

## 1. Family Planning Services

- a. The awardee shall provide high quality clinical family planning (FP) and related preventive health services that include, but are not limited to, initial and annual family planning health assessments and physical examinations, provision of a highly effective FDA approved contraceptive method, pap smears, chlamydia and gonorrhea screening and HIV risk assessment, routine revisits, health education, pregnancy screening and counseling, follow-up, care coordination, and referral. (Refer to Section 5, Attachment C, “Family Planning Services Summary of Visit Types”.)
- b. The client’s written informed voluntary consent to receive services must be obtained. In addition, if a client chooses a prescription method of contraception, a method specific consent must be obtained. (Refer to Attachment F, Federal Program Guidelines [FPG], page 16.)
- c. Client confidentiality must be assured, as required by the federal and state Privacy Acts.
- d. The awardee must have written policies and protocols for client education. Family planning client education must be documented in the client record. (Refer to Attachment F, FPG, page 17.)
- e. Adolescents seeking contraceptive services must be informed about all methods of contraception, including abstinence. Counseling must include: information regarding safer sex practice options to reduce risks for STD/HIV and pregnancy; resisting sexual coercion; and encouragement of family involvement. (Refer to Attachment F, FPG, page 25, and Attachment I, Title X Assurance of Compliance.)
- f. The awardee shall adopt or develop policies and protocols to address intimate partner violence and sexual assault. The protocols shall address screening and assessment, intervention, documentation and followup.
- g. To facilitate community awareness of and access to family planning services, clinics must implement activities whereby their services are made known to the community. There must be a written plan of action, including an annual estimation of the number of individuals in the community to be contacted with clinic and FP related information. (Refer to Attachment F, FPG, pages 11-12.)

## **B. Management Requirements (Minimum and/or mandatory requirements)**

### **1. Personnel**

- a. The clinical care component of the services must operate under the responsibility of a medical director who is a licensed and qualified physician with special training or experience in family planning (Attachment F, FPG, page 9.)
- b. For clinical services, advanced practice nurses (nurse practitioners, certified nurse midwives, clinical nurse specialists), registered nurses, physician assistants, and physicians providing FP services must have unencumbered licenses to practice in the State of Hawaii.
- c. Medical assistants who provide family planning health information to clients as well as health educators and community outreach workers must have training in: family planning; use of contraceptive methods including emergency contraception; effectiveness of contraceptive methods; risk reduction; and reproductive health care.
- d. Clinic staff should be broadly representative of the population to be served and should be sensitive to and able to deal effectively with the cultural and other characteristics of the client population.
- e. The FP clinic staff shall have an orientation to the Title X Program and participate in trainings sponsored and offered by FPP and Region IX's FP training center, The Center for Health Training, as applicable and/or required.
- f. Project personnel must be informed that they may be subject to prosecution under Federal law if they coerce or endeavor to coerce any person to undergo an abortion or sterilization procedure.
- g. Adopt or develop workplace violence guidelines to assure safety of employees, clients and visitors.

### **2. Administrative**

- a. The awardee shall designate a FP contact person who will be the liaison between FPP and the awardee.

- b. The awardee shall actively participate and be a member of the FP Providers Meeting, a quarterly meeting convened by FPP. Members or their alternates must attend all four meetings a year.
- c. The clinic must comply with Federal regulations regarding the use of Title X clients in research. (See Attachment G, for information on Title 45 CFR, Part 46.)
- d. Family planning clinic services used by clients must be solely on a voluntary basis. Individuals must not be subjected to coercion to receive services or to use or not to use any particular method of birth control. Acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other service or assistance from or participation in any other programs of the applicant (Attachment F, FPG, Page 5 and Attachment I, Title X Assurance of Compliance).
- e. The awardee shall make an acknowledgement of the DOH, Maternal and Child Health Branch, Women's Health Section, FPP, and Title X as the awardee's program sponsors. This acknowledgement shall appear on all printed materials for which the DOH is a program sponsor.
- f. The awardee shall be responsible for their own determination and compliance efforts in regards to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA.)
- g. The awardee shall comply with all applicable policies of the DOH, including Attachment L, Interpersonal Relationships between Staff and Clients.
- h. Financial Management
  - 1. Awardees must maintain a financial management system that meets the standards specified in Subpart C of 45 CFR Part 74 or Subpart C of 45 CFR Part 92, and which complies with Federal standards to safeguard the use of funds. Documentation and records of all income and expenditures must be maintained as required.
  - 2. The Awardee is responsible for the development and implementation of policies and procedures for charging, billing, and collecting funds for the services provided by the project.

3. Clients must not be denied project services or be subjected to any variation in quality of services because of the inability to pay. Billing and collection procedures must have the following characteristics:
  - a. Charges must be based on cost analysis of all services provided by the project. At the time of services, clients who are responsible for paying any fee for their services must be given bills directly.
  - b. A schedule of discounts must be developed and implemented with sufficient proportional increments so that inability to pay is never a barrier to service. A schedule of discounts is required for individuals with family incomes between 101% and 250% of the Federal poverty level.
  - c. Clients whose documented income is at or below 100% of the Federal poverty level must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services.
  - d. Bills to clients must show total charges less any allowable discounts.
  - e. Eligibility for discounts for minors who receive confidential services must be based on the income of the minor.
  - f. Fees must be waived for individuals with family incomes above this amount who, as determined by the service site project director, are unable, for good cause, to pay for family planning services. (For 1-3, refer to Attachment F, FPG, pp 7-8.)

### **3. Quality assurance and evaluation specifications**

A quality assurance system must be in place that provides for ongoing evaluation of project personnel and services. (Attachment F, refer to FPG, page 30.)

The Contractor shall conform to established standards of care and practice, including, but not limited to, the following:



- a. Federal Program Guidelines for Project Grants for Family Planning Services, U.S Department of Health and Human Services, Office of Population Affairs, Office of Family Planning. (Attachment F)
- b. Uniform Requirements for Government and Non-Profits, 45CFR92 & 74.
- c. OMB Circulars, A-87, A-102, A-110, A-122, A-133.
- d. Hawaii Department of Health Family Planning Policies and Guidelines.
- e. Family Planning Services Summary of Visit Types. (Attachment C)
- f. American College of Obstetricians and Gynecologists (ACOG)
- g. Current CDC, State, and Regional STD Guidelines

#### **4. Output and performance/outcome measurements**

The DOH requires reporting of output and performance measures. The performance measures are linked to requirements of the federal FP guidelines and federal law.

Outputs will be collected on the CVR which is an individual client visit record documented for each FP visit. (Attachment E)

The contractor will report all clients served by the FPP regardless of payers for the visits.

#### **5. Experience**

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.

#### **6. Coordination of services**

Few agencies have total expertise and experience in working with hard-to-reach populations and in providing clinical family planning services. Therefore, the importance of coordination as an integral component of service delivery is emphasized. Collaboration can facilitate ease of access to available service. This is accomplished through collaborative arrangements established between organizations and/or programs.

## 7. Reporting requirements for program and fiscal data

- a. The awardee shall submit a monthly invoice and expenditure report based on the approved budget.
- b. An individual client visit record (CVR) will be completed for all FP client visits made to the agency. Family planning client visits include uninsured, QUEST, Medicaid, military, and private pay clients. The CVR data will be inputted into the FP software by the awardee.
- c. The awardee will submit CVR data monthly to DOH's FP Data Unit of the Maternal and Child Health Branch (MCHB).
- d. The awardee will submit a quarterly report documenting abnormal pap smears, positive HIV screening, and number of community health education contacts. (Attachment J)
- e. The awardee will submit an annual calendar year report as required by the federal governing body at a time determined by the State. (See Attachment K.)
- f. The awardee shall submit to the Department an annual variance report within 60 calendar days after the end of the fiscal year in the format requested by the Department. The report will document the organization's achievement toward the planned output and performance measures (objectives) for the budget period and explain any significant variances (+/-10%).
- g. The applicant will project the number of unduplicated clients to be served. The expectation is that services will be provided the full contract year even if the agreed upon client number is met prior to the end of the year. In order to earn the full contracted amount, a minimum number of clients, as specified in the contract, must be served. (Attachment E, Table B)
- h. The following budget form(s) shall be submitted with the Proposal Application: FP100, SPO-H-206A, 206B, 206C, 206H, 206I.
- i. The FP100 is attached to this RFP (Attachment D) and the remaining budget forms are located on the SPO website (see the Proposal Checklist in Section 5 for website address.)

All of the above will adhere to the format set by the Department.

## 8. Pricing structure or pricing methodology to be used

Applicants shall submit a cost proposal utilizing the pricing structure designated by the Title X Family Planning Program. The cost proposal shall be attached to the Proposal Application.

### a. Pricing Structure Based on Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

Title X operates on a Total Program Concept, i.e., Title X funds are used to leverage additional resources for a comprehensive family planning program to be contracted. The contractor will report all clients served by the family planning program and who receive any of the Title X covered services included in the contract. All related revenues and expenditures from these FP client visits will be reported. Revenues/funding sources that partially support the family planning program may include, but not be limited to: Title V, client fees, client donations, private insurance, Medicaid, QUEST, MCH block grant, tobacco tax funds, other federal funds or agency contributions. With the exception of the contributions provided by the Contractor of its own funds, Title X is the funding source of last resort. Non-expended Title X funds will be returned to the State.

Reimbursement cannot be made in excess of the actual cost of services provided under this contract.

### b. Prohibited Costs

The following costs are not allowed:

1. For awardees receiving other federal awards, indirect costs based on a rate that has not been negotiated with the federal government are not allowed. (A valid copy of the written agreement with the federal agency for the negotiated rate must be provided to the State).
2. Depreciation of Assets acquired through the state or federal government.

c. Travel Out of State

An out of state trip must be pre-approved by the FPP office. The request must be adequately justified on form SPO-H-206D (Budget Justification – Travel – Out of State). The FPP will review requests for out of state travel using the following guidelines:

1. Travel is essential to the implementation of the FP program.
2. Personal attendance is preferable to conducting FP business through email, FAX transmission, correspondence, telephone or other telecommunication method.

**9. Units of service and unit rate**

Not Applicable.

**IV. Facilities**

Facilities must be clean, well-kept, be accessible to clients and staff, and be specially equipped to provide the full range of FP services.

## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. **See sample table of Contents***
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tab sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

### The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

## **I. Program Overview**

Applicant shall give a brief overview to orient evaluators to the agency's family planning program and services being offered.

## **II. Experience and Capability**

### **A. Necessary Skills**

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.

### **B. Experience**

The applicant shall provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to the proposed services. The applicant shall include points of contact, addresses, email, and phone numbers. The State reserves the right to contact references to verify experience.

### **C. Quality Assurance and Evaluation**

The applicant shall describe its quality assurance and evaluation plans to ensure high quality proposed services, including methodology.

### **D. Coordination of Services**

The applicant shall demonstrate the capability to coordinate services within the agency, (eg., satellite clinics) and with other agencies and resources in the community in relation to the family planning program.

### **E. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and any special equipment required for the services.

If proposed services will be provided at more than one site, describe each site.

### **III. Project Organization and Staffing**

#### **A. Staffing**

##### **1. Proposed Staffing**

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the FP and related preventive health services. (Refer to Section 2, B1.)

If satellite sites will also provide FP services, include description.

##### **2. Staff Qualifications**

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (See Section 2, B1.)

#### **B. Project Organization**

##### **1. Supervision and Training**

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services as described in Section 2, B1.

##### **2. Organization Chart**

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

### **IV. Service Delivery**

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

If services are provided at more than one site, describe how applicant will ensure meeting program requirements at all sites.

#### **A. Service Activities**

The applicant shall describe thoroughly how they plan to provide the following activities:



1. Family planning services as described in Section 2, III.A.
2. Health assessments, client FP education and counseling, care coordination, and referral. Include the type of professional(s) and paraprofessional(s) responsible for providing each service.
3. Family planning community health education and outreach services to individuals at risk for unintended pregnancy. Include the plan and the projected number of individuals to be contacted. (Section 2, III.A.g.)

**B. Management Requirements**

1. Applicants shall describe how they will fulfill the personnel requirements of the Title X Program. (See Section 2, III.B.1.)
2. Applicants shall describe how they will administratively fulfill the requirements of the Title X Program. (See Section 2, III.B.2.a-f.)
3. Applicants shall describe how they will fulfill the financial management requirements of the Title X Program. (See Section 2, III.B.2.g.)
4. Applicants shall describe their quality assurance program and plans for evaluating the Title X Program (See Section 2, III.B.3.)
5. Applicants shall identify their baseline for the FP output and performance measures. The applicant shall formulate both reasonable and achievable performance objectives, and describe the approach to be taken in meeting these objectives for the multi-year contract period. Refer to Section 5, Attachment E, Tables A & B. These tables must be completed and attached to the Application Proposal.

**V. Financial**

**A. Pricing Structure**

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application. (See Section 2, III, 7 and 8, pages 2-7 to 2-11.)

The FP100 is attached to this RFP and the remaining budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget form(s) shall be submitted with the Proposal Application:

FP100, SPO-H-206A, 206B, 206C, 206H, 206I.

## **VI. Other**

### **A. Litigation**

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

# **Section 4**

## **Proposal Evaluation**

# Section 4

## Proposal Evaluation

### I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

### II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

### Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
<i>Proposal Application</i>	<b>100 Points</b>
<i>Program Overview</i>	0 points
<i>Experience and Capability</i>	20 points
<i>Project Organization &amp; Staffing</i>	15 points
<i>Service Delivery</i>	50 points
<i>Financial</i>	15 Points
<b>TOTAL POSSIBLE POINTS</b>	<b>100 Points</b>

### III. Evaluation Criteria

#### A. Phase 1 - Evaluation of Proposal Requirements

##### 1. Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Federal Certifications

##### 2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

#### B. Phase 2 - Evaluation of Proposal Application (100 Points)

##### *Program Overview:*

The applicant has demonstrated a thorough understanding of the purpose and scope of the service activity. The goals and objectives are in alignment with the proposed service activity. The applicant has described how the proposed service is designed to meet the pertinent issues and problems related to the service activity.

No points are assigned to Program Overview. The intent is to give the applicant an opportunity to orient evaluators as to the service(s) being offered.

##### 1. *Experience and Capability (20 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

**a. Necessary Skills**

Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed FP services. **(4 points)**

**b. Experience**

Provide a list of verifiable FP experience with projects or contracts for the most recent five years that are pertinent to the proposed services. **(4 points)**

**c. Quality Assurance and Evaluation**

Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology. **(4 points)**

**d. Coordination of Services**

Demonstrated capability to coordinate services within the agency, and with other agencies and resources in the community relative to the family planning program. **(4 points)**

**e. Facilities**

Adequacy of facilities relative to the proposed services, including satellite sites, if applicable. **(4 points)**

**2. Project Organization and Staffing (15 Points)**

The State will evaluate the applicant's overall staffing approach to the service that shall include:

**a. Staffing**

1. Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the FP and related preventive health services. **(4 points)**
2. Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program. **(4 points)**

**b. Project Organization**

1. Supervision and Training: Demonstrated ability to supervise, train, and provide administrative direction to staff relative to the delivery of the proposed services. **(4 points)**
2. Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the FP service activities and tasks. **(3 points)**

**3. Service Delivery (50 Points)**

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.

**a. Services Activities**

1. The applicant clearly describes the clinical FP and related preventive health services including approach to provide comprehensive assessment, care coordination, health education, and referral for priority populations to be served. **(25 points)**
2. Adequacy of applicant's community education and outreach plans, and projected number of individuals in the community to be contacted to facilitate community awareness of and access to family planning services. **(10 points)**

**b. Management Requirements (Output and Performance Objectives)**

1. Are the applicant's performance objectives both reasonable and achievable, and approach is adequate to meet them. **(5 points)**
2. The applicant's output measures are reasonably achievable and are in line with the Total Program Concept. **(5 points)**
3. The applicant adequately addresses the Total Program Concept. **(5 points)**

**4. Financial (15 Points)**

**a. Pricing structure based on cost based reimbursement:**

1. Personnel costs are reasonable and comparable to positions in the community. Non-personnel costs are reasonable and adequately justified. **(5 points)**
2. The budget fully supports the scope of service and requirements of the Request for Proposal. **(5 points)**
3. The applicant adequately describes cost reimbursement pricing structure. **(5 points)**

**C. Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.



# Section 5

## Attachments

<u>Attachment</u>	<u>Document</u>
A	Proposal Application Checklist
B	Proposal Application - Sample Table of Contents
C	Family Planning Services Summary of Visit Types
D	Form FP100 - Cost Based Reimbursement Budget
E	Table A – Performance Measures / Table B – Output Measures
F	Program Guidelines for Project Grants for Family Planning Services (website)
G	Summary of Title 45 CFR Part 46--Protection of Human Subjects (website)
H	Federal Certifications
I	Title X Assurance of Compliance
J	Quarterly Report Form
K	Table 14 - Family Planning Annual Report
L	Interpersonal Relationships between Staff and Clients/Patients (DOH Policy)

**ATTACHMENT A**

**Proposal Application Checklist**

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. \*SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	<b>(Required if not Registered)</b>	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206I	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206J	Section 3, RFP	SPO Website*		
FP100	Section 2 & 3, RFP	Section 5, RFP	<b>X</b>	
<b>Federal Certifications</b>		Section 5, RFP	<b>X</b>	
Debarment & Suspension		Section 5, RFP	<b>X</b>	
Drug Free Workplace		Section 5, RFP	<b>X</b>	
Lobbying		Section 5, RFP	<b>X</b>	
Program Fraud Civil Remedies Act		Section 5, RFP	<b>X</b>	
Environmental Tobacco Smoke		Section 5, RFP	<b>X</b>	
<b>Program Specific Requirements:</b>				
Title X Assurance of Compliance		Section 5, RFP	<b>X</b>	
Interpersonal Relationships		Section 5, RFP	<b>X</b>	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**SAMPLE**

**ATTACHMENT B**

**Proposal Application  
Table of Contents**

<b>I.</b>	<b>Program Overview.....</b>	<b>1</b>
<b>II.</b>	<b>Experience and Capability .....</b>	<b>1</b>
<b>A.</b>	Necessary Skills .....	2
<b>B.</b>	Experience .....	4
<b>C.</b>	Quality Assurance and Evaluation.....	5
<b>D.</b>	Coordination of Services .....	6
<b>E.</b>	Facilities.....	6
<b>III.</b>	<b>Project Organization and Staffing .....</b>	<b>7</b>
<b>A.</b>	Staffing .....	7
1.	Proposed Staffing.....	7
2.	Staff Qualifications .....	9
<b>B.</b>	Project Organization .....	10
1.	Supervision and Training.....	10
2.	Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
<b>IV.</b>	<b>Service Delivery .....</b>	<b>12</b>
<b>V.</b>	<b>Financial .....</b>	<b>20</b>
	See Attachments for Cost Proposal	
<b>VI.</b>	<b>Litigation .....</b>	<b>20</b>
<b>VII.</b>	<b>Attachments</b>	
<b>A.</b>	Cost Proposal	
	FP100 Family Planning Budget	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206H Budget Justification – Program Activities	
	SPO-H-206I Budget Justification – Equipment Purchases	
<b>B.</b>	Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 2004	
<b>C.</b>	Organization Chart	
	Program	
	Organization-wide	
<b>D.</b>	Performance and Output Measurement Tables	
	Table A	
	Table B	
<b>E.</b>	Program Specific Requirements	

**ATTACHMENT C**

**FAMILY PLANNING SERVICES  
SUMMARY OF VISIT TYPE**

**VISIT TYPE & DESCRIPTION**

**Comprehensive Family Planning (FP) Exam for Females**

- Visit with relevant medical history, height and weight, blood pressure, physical examination including breast and bimanual pelvic exams, Pap smear (initial and as indicated), chlamydia & gonorrhea testing, and other STD/ HIV screening as indicated, colo-rectal screening as indicated.
- Laboratory tests advised in prescribing information for specific method of contraception must be provided.
- Informed consent and when applicable, a method specific consent form signed by client.
- Birth control, STD and HIV education & counseling.
- Birth control supply for up to one (1) year.
- Importance of health maintenance screening procedures.
- Referral for other medical/social services as indicated.
- Suggested number of visits: One per year.

**Comprehensive Family Planning Exam for Males**

- Visit with relevant medical history, height, weight, blood pressure, physical examination including genitalia, prostate, instructions for testicular self exam (TSE), R/O hernias, colo-rectal exam as indicated. STD/HIV screening as indicated.
- Importance of health maintenance screening procedures.
- Birth control, STD and HIV education & counseling.
- Birth control supply.
- Referral for other medical/social services as indicated.
- Suggested number of visits: One per year.

**FP Procedure**

- IUD or Contraceptive Implant Insertion.
- IUD or Contraceptive Implant Removal.
- Diaphragm or cervical cap fitting.
- Suggested number of visits: As medically indicated.

## VISIT TYPE & DESCRIPTION

### **Routine FP Visit**

#### **Contraceptive Management**

- Visit includes weight and blood pressure; follow-up on correct, consistent use of birth control method; evaluate for side effects; re-supply contraceptive as needed, including provision of contraceptive injection; assess change in risk for STDs/HIV.
- Suggested number of visits: One per year. (Up to three visits per year for new teens, and users of contraceptive injections.)

#### **FP Problem**

- Assessment and management of problem related to contraceptive use; rule out complications; change method; re-supply as needed; family planning education & counseling.
- Single treatment for STD identified at a FP comprehensive exam visit.
- Suggested number of visits: As medically indicated.

#### **Pregnancy Test**

- History, pregnancy test, counseling on test result, family planning information, education, and referral.
- For clients with a negative pregnancy test:
  - If pregnancy is undesired, provide contraceptive method and information, and recommend return for on-going effective contraceptive method.
  - If pregnancy is desired, counsel client about her own fertility and recommend physical exam if none in the last year.
- For clients with a positive pregnancy test:
  - offer non-directive counseling on pregnancy options,
  - provide information on good health practices during early pregnancy, and
  - recommend physical exam within 15 days.
- Suggested number of visits: Up to three per year.

#### **Emergency Contraception**

- Provision of emergency contraception, family planning education & counseling about on-going, more effective contraception.
- Suggested number of visits: As medically indicated.

### **FP Education Visit**

- Provide family planning related information, support, education, and/or referral.
- Suggested number of visits: One per year.

Organization: \_\_\_\_\_  
RFP No.: HTH 550-5

## **ATTACHMENT D**

### **FAMILY PLANNING BUDGET** (Period \_\_\_\_\_ to \_\_\_\_\_)

Applicant/Provider: \_\_\_\_\_ RFP No.: \_\_\_\_\_ Contract No. (As Applicable): \_\_\_\_\_

<b>BUDGET CATEGORIES</b>	<b>Total FP Prog Budget (a)</b>	<b>Title X Request (b)</b>	<b>(c)</b>	<b>(d)</b>
<b>A. PERSONNEL COST</b>				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
<b>TOTAL PERSONNEL COST</b>				
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Substance/Per Diem				
16. Supplies				
17. Telecommunication				
18. Transportation				
19. Utilities				
20.				
<b>TOTAL OTHER CURRENT EXPENSES</b>				
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>TOTAL BUDGET</b>				
<b>PROGRAM INCOME:</b>		Budget Prepared By:		
(a) Client Collections/Self Pay		Name (Please type or print) _____ Phone _____		
(b) Third Party Payers		Signature of Authorized Official _____ Date _____		
(1) Medicaid (Title XIX)				
(2) Medicare (Title XVIII)				

Organization: \_\_\_\_\_  
RFP No.: HTH 550-5

(3) CHIP		Name and Title (Please type or print)
(4) Other Public Hlth Insurance		
(5) Private Hlth Insurance		
<b>Total - Third Party Payers</b>		
(c) Other Revenue		For State Agency Use Only
(1) Local Government		
(2) Other (Specify: _____)		
<b>Total – Other Revenue</b>		
<b>TOTAL REVENUE</b>		Signature of Reviewer _____ Date _____

(Form FP100)

**NOTE: Form FP100 is available in Excel – Applicant should contact FPP by email for file.**

## **ATTACHMENT E**

### Table A - Performance Measures Family Planning Services

Column A	Column B	Column C	Column D	Column E
Performance Measure Benchmark	Baseline for FY 2004	Annual Performance Objectives for Fiscal Year 2006	Annual Performance Objectives for Fiscal Year 2007	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting (Attach additional sheets as necessary)
1. 90% of <b>female</b> patients age 25 years old and under received a comprehensive examination and at least one test for chlamydia within the last 12 months.	_____ % of <b>female</b> patients age 25 years old and under received a comprehensive examination and at least one test for chlamydia within the last 12 months.	We estimate _____ % of <b>female</b> patients age 25 years old and under received a comprehensive examination and at least one test for chlamydia within the last 12 months.	We estimate _____ % of <b>female</b> patients age 25 years old and under received a comprehensive examination and at least one test for chlamydia within the last 12 months.	
2. At least 95% of <b>all</b> patients receiving a birth control method have chart documentation to show that adequate information was provided with the method.	<p>a) _____ % of <b>all</b> patients receiving a birth control method have chart documentation to show that adequate information was provided with the method.</p> <p>b) _____ % of <b>female</b> patients receiving a birth control method have chart documentation which shows that adequate information was provided with the method.</p> <p>c) _____ % of <b>male</b> patients receiving a birth control method have chart documentation which shows that adequate information was provided with the method.</p>	<p>a) We estimate _____ % of <b>all</b> patients receiving a birth control method have chart documentation to show that adequate information was provided with the method.</p> <p>b) We estimate _____ % of <b>female</b> patients receiving a birth control method have chart documentation which shows that adequate information was provided with the method.</p> <p>c) We estimate _____ % of <b>male</b> patients receiving a birth control method have chart documentation which shows that adequate information was provided with the method.</p>	<p>a) We estimate _____ % of <b>all</b> patients receiving a birth control method have chart documentation to show that adequate information was provided with the method.</p> <p>b) We estimate _____ % of <b>female</b> patients receiving a birth control method have chart documentation which shows that adequate information was provided with the method.</p> <p>c) We estimate _____ % of <b>male</b> patients receiving a birth control method have chart documentation which shows that adequate information was provided with the method.</p>	
3. 100% of <b>all</b> patients under 18 years of age seeking family planning services without parental knowledge receive counseling encouraging involvement of parent(s)/guardian in decisions regarding sexuality and contraception.	a) _____ % of <b>all</b> minor patients seeking FP services without parental knowledge or participation receive counseling encouraging involvement of a parent/guardian in decisions regarding sexuality and contraception.	a) We estimate _____ % of <b>all</b> minor patients seeking FP services without parental knowledge or participation receive counseling encouraging involvement of a parent/guardian in decisions regarding sexuality and contraception.	a) We estimate _____ % of <b>all</b> minor patients seeking FP services without parental knowledge or participation receive counseling encouraging involvement of a parent/guardian in decisions regarding sexuality and contraception.	



Column A	Column B	Column C	Column D	Column E
Performance Measure Benchmark	Baseline for FY 2004	Annual Performance Objectives for Fiscal Year 2006	Annual Performance Objectives for Fiscal Year 2007	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting (Attach additional sheets as necessary)
	<p>b) _____% of all <b>female</b> patients seeking FP services without parental knowledge or participation receive counseling encouraging involvement of a parent/guardian in decisions regarding sexuality and contraception.</p> <p>c) _____% of all <b>male</b> patients seeking FP services without parental knowledge or participation receive counseling encouraging involvement of a parent/guardian in decisions regarding sexuality and contraception.</p>	<p>b) We estimate _____% of all <b>female</b> patients seeking FP services without parental knowledge or participation receive counseling encouraging involvement of a parent/guardian in decisions regarding sexuality and contraception.</p> <p>c) We estimate _____% of all <b>male</b> patients seeking FP services without parental knowledge or participation receive counseling encouraging involvement of a parent/guardian in decisions regarding sexuality and contraception.</p>	<p>b) We estimate _____% of all <b>female</b> patients seeking FP services without parental knowledge or participation receive counseling encouraging involvement of a parent/guardian in decisions regarding sexuality and contraception.</p> <p>c) We estimate _____% of all <b>male</b> patients seeking FP services without parental knowledge or participation receive counseling encouraging involvement of a parent/guardian in decisions regarding sexuality and contraception.</p>	

RFP No.: HTH 550-5

## ATTACHMENT E

### Table B - Output Measures

[illegible]

**ATTACHMENT F**

# PROGRAM GUIDELINES FOR PROJECT GRANTS FOR FAMILY PLANNING SERVICES

See Website:

Title X guidelines main link page:

[http://opa.osophs.dhhs.gov/titlex/2001guidelines/ofp\\_guidelines\\_2001.html](http://opa.osophs.dhhs.gov/titlex/2001guidelines/ofp_guidelines_2001.html)

OR

Download complete Title X guidelines (.pdf format):

[http://opa.osophs.dhhs.gov/titlex/2001guidelines/2001\\_ofp\\_guidelines\\_complete.pdf](http://opa.osophs.dhhs.gov/titlex/2001guidelines/2001_ofp_guidelines_complete.pdf)

**ATTACHMENT G**

# TITLE 45 CFR, PART 46

See Website:

<http://ohsr.od.nih.gov/guidelines/45cfr46.html>

## **ATTACHMENT H**

### **CERTIFICATIONS**

#### **1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

By signing and submitting this application, the prospective primary participant as defined in 45 CFR Part 76 is providing certification regarding debarment and suspension as set out in Appendix A of 45 CFR Part 76. The applicant agrees that by submitting this application it will include, without modification, the clause in Appendix B of 45 CFR Part 76 in all lower tier covered transaction and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76. Should the applicant not certify regarding debarment and suspension, an explanation as to why should be placed after the assurances page in the application package.

#### **2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

By signing and submitting this application, the applicant is providing certification regarding drug-free workplace requirements as set out in Appendix C to 45 CFR Part 76. For purposes of notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Division of Grants Policy and Oversight  
Office of Management and Acquisition  
Department of Health and Human Services  
Room 517-D  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

#### **3. CERTIFICATION REGARDING LOBBYING**

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

#### **4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)**

The authorized official signing for the applicant organization certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The official signing agrees that the applicant organization will comply with the DHHS, PHS, and OPHS terms and conditions of award if a grant is awarded as a result of this application.

#### **5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

OPHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the DHHS and OPHS mission to protect and advance the physical and mental health of the American people.

## **ATTACHMENT H**

OMB Approval No. 0348-0040

### **ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits

discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."



Organization: \_\_\_\_\_  
RFP No.: HTH 550-5

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

Standard Form 424B (Rev. 7-97)  
Prescribed by OMB Circular A-102

Previous Edition Usable

Authorized for Local Reproduction

**ATTACHMENT I**

**TITLE X ASSURANCE OF COMPLIANCE**

\_\_\_\_\_ assures that it will:  
(Name of Organization)

1. Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services.
2. Provide services in a manner which protects the dignity of the individual.
3. Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.
4. Not provide abortions as a method of family planning.
5. Provide that priority in the provision of services will be given to persons from low income families.

Further:\_\_\_\_\_ certifies that it will:  
(Name of Organization)

1. Encourage family participation in the decision of the minor seeking family planning services.
2. Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.

**From Part 59—Grants for Family Planning Services, Subpart A, Section 59.5(a) 2, 3, 4, 5, and 6.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**ATTACHMENT J**

# Family Planning Program Quarterly Report Form

Agency: \_\_\_\_\_

(circle one)      Jan. – March                  Apr. – June                  July – Sept.                  Oct. – Dec.  
                         200\_\_\_                                  200\_\_\_                                  200\_\_\_                                  200\_\_\_

**\*\* Due the 15<sup>th</sup> of the following month.\*\***

Screening Activity	Number of Tests
Number of Pap tests with an ASC or higher result *	
Number of Pap tests with a HSIL or higher result *	
* see Exhibit 1. The 2001 Bethesda System (Abridged)	
Number of HIV – Positive confidential tests	
Number of HIV- Anonymous tests done	

Community Education/Outreach Activities Report	Attached
--	----------

**Declaration:** *I declare that this report has been examined by me and to the best of knowledge and belief is a true, correct, and complete report, made in good faith, for the period stated.*

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## **ATTACHMENT J**

### **EDUCATION/OUTREACH ACTIVITIES - QUARTERLY REPORT FORM FAMILY PLANNING INFORMATION SERVICES**

**AGENCY NAME:** \_\_\_\_\_

**QUARTER** \_\_\_\_\_ **YEAR** \_\_\_\_\_  
(Indicate 1st.-4th. & Fiscal Year)

**1. EDUCATION/OUTREACH PROGRESS:  
DIRECT CONTACTS**

Quarterly Projections	Quarterly Actual	Year-to-Date Projections	Year-to-Date Actual	Year-to-Date +/- Percent

**INDIRECT CONTACTS**

Quarterly Projections	Quarterly Actual	Year-to-Date Projections	Year-to-Date Actual	Year-to-Date +/- Percent

**2. EDUCATION/OUTREACH ACTIVITIES FOR QUARTER:**

General Categories <b>DIRECT Contacts</b>	(a) # of DIRECT Programs, Classes, etc. made	(b) # of Individuals contacted DIRECTLY		
		Male	Female	Total
Schools				
Clubs, Health & Social Service Agencies				
Clinics(Other than users)				
Abstinence Based Programs (*Teens)				
Hard to Reach Populations*(Specify)				
Special Population**(Specify)				
Other:				
<b>COLUMN TOTALS</b>				

<b>Post Test</b> (1 of 4 or 25% of programs)	<b>Number of Tests</b>	<b>Percent of Participants Who Demonstrated Knowledge</b>
<b>Pre/Post Test Results</b>		

General Categories <b>INDIRECT CONTACTS</b>	(a) # of fairs, placement announcements	(b) Estimated # of individual exposure to effort (General Population)
Health Fairs/Exhibits/Displays		
Posters/flyers/business cards/etc.		
Mass media (T.V., radio, newspaper, periodicals, etc.)		
Other: (Specify)		
<b>TOTALS:</b>		

**3. HEALTH EDUCATION Technical Assistance: IDENTIFY ANY EDUCATIONAL AND OUTREACH TECHNICAL ASSISTANCE NEEDED. CONTINUE ON ANOTHER SHEET OF PAPER AS NECESSARY.**

**ATTACHMENT K**

**FAMILY PLANNING ANNUAL REPORT (FPAR)**

**Table 14  
Revenue Report**

FEDERAL GRANTS		AMOUNT	
1	Title X (family planning services)	\$	
2	Bureau of Primary Health Care (BPHC)	\$	
3	Other federal grant (Specify: _____)	\$	
4	Other federal grant (Specify: _____)	\$	
5	<b>TOTAL– FEDERAL GRANTS (SUM ROWS 1 to 4)</b>	<b>\$</b>	
<b>PAYMENT FOR SERVICES</b>			
6	<b>Total Client Collections/Self-Pay</b>	<b>\$</b>	
7	<b>Third-Party Payers</b>	<b>PREPAID (A)</b>	<b>NOT PRE-PAID (B)</b>
7a	Medicaid (Title XIX)	\$	\$
7b	Medicare (Title XVIII)	\$	\$
7c	State Children's Health Insurance Program (state CHIP)	\$	\$
7d	Other public health insurance	\$	\$
7e	Private health insurance	\$	\$
8	<b>TOTAL – THIRD-PARTY PAYERS (SUM ROWS 7a TO 7e)</b>	<b>\$</b>	<b>\$</b>
9	<b>TOTAL – PAYMENT FOR SERVICES (SUM ROW 6 + CELL 8A + CELL 8B)</b>	<b>\$</b>	
<b>OTHER REVENUE</b>			
10	Title V (MCH Block Grant)	\$	
11	Title XX (Social Services Block Grant)	\$	
12	Temporary Assistance for Needy Families (TANF)	\$	
13	Local government grants and contracts	\$	
14	Other (Specify: _____)	\$	
15	Other (Specify: _____)	\$	
16	Other (Specify: _____)	\$	
17	Other (Specify: _____)	\$	
18	<b>TOTAL– OTHER REVENUE (SUM ROWS 10 TO 17)</b>	<b>\$</b>	
19	<b>TOTAL REVENUE (SUM ROWS 5 + 9 + 18)</b>	<b>\$</b>	

Organization: \_\_\_\_\_  
RFP No.: HTH 550-5

**ATTACHMENT L**



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

INTRA-DEPARTMENTAL DIRECTIVE 04-01  
May 3, 2004 Page 1 of 5

TO: All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

FROM: Chiyome Leinaala Fukino, M.D.  
Director of Health *[Signature]*

SUBJECT: INTERPERSONAL RELATIONSHIPS BETWEEN STAFF AND CLIENTS/PATIENTS

04-1.1 PURPOSE

This directive provides the policy for the State of Hawaii, Department of Health on interpersonal relationships between staff and clients/patients.

04-1.2 POLICY

- A. Staff shall not use their professional position to exploit others for any reason.
- B. Staff shall avoid engaging in dual/multiple relationships with clients/patients or former clients/patients. When dual/multiple relationships are unavoidable, staff shall take steps ensure that the nature of the dual/multiple relationship shall neither harm nor exploit the client/patient.
- C. Sexual relationships with any client/patient or former client/patient are prohibited. Staff shall not have financial relationships with clients/patients or former clients/patients.

- D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.
- E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.
- F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.
- G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3

**SCOPE**

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4

**DEFINITIONS**

Clients/Patients:	Persons under observation, care, treatment, or receiving services.
Department:	Department of Health
Director:	Director of Health



Dual/multiple relationships:

When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.

Staff:

Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.

Health:

Includes physical and mental health.

Providers:

Any persons, public or private vendors, agencies, or business concerns authorized by the department to provide health care, services, or activities.

Services:

Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.

Treatment:

The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.

04-1.5      **RESPONSIBILITIES**

- A.     **Director:** Insure this policy is maintained, interpreted, updated, and communicated to all program managers.
- B.     **Deputy Directors:** Insure this policy is communicated to, understood and implemented by program managers within their administrations, and insure needed revisions of this policy are communicated to the Director.
- C.     **Program Managers:**
  - (1) Insure this policy is communicated to and understood by all vendors, providers, or contractors, and insert a reference to this policy in appropriate contracts.
  - (2) Insure this policy is enforced.
  - (3) Investigate alleged or reported infractions of this policy and take corrective actions as may be indicated.
  - (4) Recommend needed changes to this policy to their Deputy Directors.
- D.     **Employees:** Comply with this policy and report alleged infractions of this policy to their supervisors or superiors.
- E.     **Providers:** Insure this policy is communicated, understood, and implemented.

04-1.6      **PROVISO**

If there is a conflict between this policy and a collective bargaining agreement, the collective bargaining agreement shall prevail.

04-1.7

**REFERENCES**

- A. Discrimination in Public Accommodations, Chapter 489, Hawaii Revised Statutes, as amended.
- B. Fair treatment, Section 84-13, Hawaii Revised Statutes, as amended.
- C. Rights of persons with developmental or mental retardation, Section 333F-8, Hawaii Revised Statutes, as amended.
- D. Rights of recipients of mental health services, Chapter 334E, Hawaii Revised Statutes, as amended.
- E. Sex Discrimination, Title 12, Chapter 46, Subchapter 4, Hawaii Administrative Rules, as amended.
- F. Disability Discrimination, Chapter 46, Subchapter 9, Hawaii Administrative Rules.

**This document should be placed in the Personnel Manual of Policies and Procedures under Section 11, SUBJECT: EMPLOYEE RELATIONS.**